## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/524400

| CLAIMS AS FILED - PART I                                                 |                                                |                                           |                                                                    |                               |                                        |                  |   | SMALL ENTITY        |                        |    | OTHER THAN                 |                        |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------|-------------------------------|----------------------------------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
|                                                                          |                                                |                                           | (Column 1)                                                         |                               | (Column 2)                             |                  |   | TYPE                |                        | OR | SMALL E                    | NTITY                  |
| U.S. NATIONAL STAGE FEES                                                 |                                                |                                           |                                                                    |                               |                                        |                  |   | RATE                | FEE                    |    | RATE                       | FEE                    |
| BASIC FEE                                                                |                                                |                                           | SMALL ENT. = \$ 150                                                |                               | LARGE ENT. = \$ 300                    |                  |   | BASIC FEE           | 150                    | OR | BASIC FEE                  | ,                      |
| EXAMINATION FEE                                                          |                                                |                                           | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                   |                               | All other situations = \$ 100 / \$ 200 |                  |   | EXAM. FEE           | 100                    |    | EXAM. FEE                  |                        |
| SEARCH FEE                                                               |                                                |                                           | U.S. is ISA = \$50/\$ 100<br>ALL other countries =<br>\$ 200/\$400 |                               | All other situations = \$ 250 / \$ 500 |                  |   | SEARCH FEE          | 210                    |    | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                           | minus 100 =                                                        |                               | / 50 =                                 |                  |   | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                           | /2 mi                                                              | nus 20 =                      | •                                      |                  |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS                                                       |                                                |                                           | / m                                                                | inus 3 =                      | *                                      |                  |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL                                                                      | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT                                                               |                               |                                        |                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                           |                                                                    |                               |                                        |                  |   | TOTAL               | 450                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                |                                           |                                                                    |                               |                                        |                  |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                         | Minus                                                              | **                            |                                        | =                | i | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                                                                          | Independent                                    | *                                         | Minus                                                              | ***                           |                                        | =                |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                    |                               |                                        |                  | j | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                                                          |                                                |                                           |                                                                    |                               |                                        |                  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                |                                           |                                                                    |                               |                                        |                  |   |                     |                        |    |                            |                        |
| AMENDMENT B                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                         | Minus                                                              | **                            |                                        | =                |   | <b>X</b> \$ 25 =    |                        | OR | X \$ 50 =                  |                        |
|                                                                          | Independent                                    | *                                         | Minus                                                              | ***                           |                                        | =                |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                    |                               |                                        |                  | Ī | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| TOTAL ADDIT.<br>FEE                                                      |                                                |                                           |                                                                    |                               |                                        |                  |   |                     |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|                                                                          |                                                |                                           |                                                                    |                               |                                        |                  |   | •                   |                        |    |                            |                        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.